Volunteer Transportation Reimbursement Form

[For use of this form see USAR Reg 608-1; the proponent agency is the USAR Family Programs Directorate.]

PRIVACY ACT ADVISORY STATEMENT

AUTHORITY: Title 10, U.S. Code Annotated, Section 3013.
PURPOSE: For Family Readiness volunteers to submit a claim for reimbursement for program-related expenses.
ROUTINE USES: To transmit and provide background for receipts submitted to substantiate a claim for reimbursement.
PROVIDING THE INFORMATION: Providing the information requested is voluntary; however, withholding the information will detain or prevent reimbursement.

Name *(First, MI, Last):* _____   **Unit:** _____

Address _____

City: _____   **State:** _____   **Zip:** _____

Daytime Phone Number : _____

Receipts for public transportation must be attached for reimbursement

Date: _____   **Purpose of trip:** _____
(MM/DD/YYYY)

Destination: _____

	COST
☐ **Public Transportation**	_____
☐ **Personal auto** [Round Trip Mileage: _____ x Rate: _____]	_____
☐ **Tolls**	_____
☐ **Parking**	_____
☐ **Other** (specify) _____	_____
TOTAL	_____

Date: _____   **Purpose of trip:** _____
(MM/DD/YYYY)

Destination: _____

	COST
☐ **Public Transportation**	_____
☐ **Personal auto** [Round Trip Mileage: _____ x Rate: _____]	_____
☐ **Tolls**	_____
☐ **Parking**	_____
☐ **Other** (specify) _____	_____
TOTAL	_____

Use back of form to continue listing expenses, if necessary

Total reimbursement requested from page 2 of form: _____

TOTAL REIMBURSEMENT REQUESTED: _____

I verify that this request for expenses is expressly connected with my volunteer duties to the USAR Family Readiness Program and are not related to fundraising activities. I understand that by requesting reimbursement, I cannot later request a tax benefit for the same expenditures.

_____   _____
Volunteer's Signature and Date *(MM/DD/YYYY)*   ***Verifying Individual and Date*** *(MM/DD/YYYY)*

[Send completed forms to your Servicing Command Family Programs Office.]

Prepared by Family Programs Office Approving Official

Check Number: _____

Date Issued: _____
(MM/DD/YYYY)

Amount: _____   **Approved by:** _____
(Name, Title)

Volunteer Transportation Reimbursement Form *(continuation)*

Name *(First, MI, Last):* _____ **Unit:** _____

Date: _____ **Purpose of trip:** _____
        (MM/DD/YYYY)
Destination: _____

		COST
☐	**Public Transportation**	_____
☐	**Personal auto [Round Trip Mileage:** _____ **x Rate:** _____ **]**	_____
☐	**Tolls**	_____
☐	**Parking**	_____
☐	**Other (specify)** _____	_____
	TOTAL	_____

Date: _____ **Purpose of trip:** _____
        (MM/DD/YYYY)
Destination: _____

		COST
☐	**Public Transportation**	_____
☐	**Personal auto [Round Trip Mileage:** _____ **x Rate:** _____ **]**	_____
☐	**Tolls**	_____
☐	**Parking**	_____
☐	**Other (specify)** _____	_____
	TOTAL	_____

Date: _____ **Purpose of trip:** _____
        (MM/DD/YYYY)
Destination: _____

		COST
☐	**Public Transportation**	_____
☐	**Personal auto [Round Trip Mileage:** _____ **x Rate:** _____ **]**	_____
☐	**Tolls**	_____
☐	**Parking**	_____
☐	**Other (specify)** _____	_____
	TOTAL	_____

Date: _____ **Purpose of trip:** _____
        (MM/DD/YYYY)
Destination: _____

		COST
☐	**Public Transportation**	_____
☐	**Personal auto [Round Trip Mileage:** _____ **x Rate:** _____ **]**	_____
☐	**Tolls**	_____
☐	**Parking**	_____
☐	**Other (specify)** _____	_____
	TOTAL	_____

Date: _____ **Purpose of trip:** _____
        (MM/DD/YYYY)
Destination: _____

		COST
☐	**Public Transportation**	_____
☐	**Personal auto [Round Trip Mileage:** _____ **x Rate:** _____ **]**	_____
☐	**Tolls**	_____
☐	**Parking**	_____
☐	**Other (specify)** _____	_____
	TOTAL	_____

USAR Form 112-R, 15 May 10 *(Reverse)*